Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

IIILEIIIAII	levellue Selvice								
Submi	ssion Identification Number (SID)								
Taxpaye	r's name	Social secu	rity num	ber					
SAI	SWETHA SINDHU DWARSALA	307-69-3841							
Spouse'		Spouse's se	ocial sec	urity nu	mber				
Part	, ,	year you	are au	thoriz	ing.)				
	whole dollars only on lines 1 through 5.								
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		1 4	ı	70	121			
1 2	Adjusted gross income		2			$\frac{434.}{514.}$			
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3			$\frac{314.}{250.}$			
4	Amount you want refunded to you		4			230. 736.			
5	Amount you owe		5		 + ,	730.			
Part		сеер а со		our r	eturi	n)			
my know return (to send for any Agent t payment authorize payment business taxes t personal Electronal	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended wledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above original or amended) I am now authorizing. I consent to allow my intermediate service provider, transming return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejudelay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U or initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account induct of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the transport of the payment (settlement) date. I also authorize the financial institutions involved in the payment confidential information necessary to answer inquiries and resolve issues related to the payment (PIN) below is my signature for the income tax return (original or amended) I and Funds Withdrawal Consent.	ol I am now a re are the are itter, or election of the S. Treasury cated in the ento to debit the the authoriuests must processing ayment. I fum now authorium processing ayment.	uthorizing nounts aronic retransminand its tax prepare entry zation. To be received for the elerations and the control of the eleration aronizing a	g, and from the turn or ssion, (designation to this To revolved no ectronicknowlend, if a digits,	to the ne inco- iginato (b) the ated Fin softv accoupke (cap later ic payredge tapplica	best of the tax or (ERO) reason inancial vare for nt. This ancel) a than 2 ment of that the			
	I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN and your return is filed using the Practitioner PIN meth below.								
Your s	ignature ▶ Date ▶ _								
Spous	e's PIN: check one box only	_							
Г	I authorize to enter or generate	my PIN				as my			
	ERO firm name		nter five	digits,		ao my			
	signature on the income tax return (original or amended) I am now authorizing.	c	on't ente	r all ze	ros				
	I will enter my PIN as my signature on the income tax return (original or amended) I am n if you are entering your own PIN and your return is filed using the Practitioner PIN meth below.		_			_			
Spous	e's signature ▶ Date ▶								
	Practitioner PIN Method Returns Only—continue below								
Part	Certification and Authentication — Practitioner PIN Method Only								
ERO's	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 9	6 6	1 9	8 8	9			
		Don't e	nter all z	ros					
authori	that the above numeric entry is my PIN, which is my signature for the electronic individual income to the tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of In	itting this re	turn in a	accord	anće v				
ERO's	signature ▶ Date ▶								
	ERO Must Retain This Form — See Instructions								
	Don't Submit This Form to the IRS Unless Requested To I	Oo So							

E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

1040		artment of the Treasury—Internal Revenue Servi		urn	202	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	aple in this sp	oace.
For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2023, enc	ling			, 20		See se	oarate i	instruction	ns.
Your first name	and m	iddle initial	Last nar	me							Your so	cial sec	urity numb	ber
SAI SWE	ГНА	SINDHU	DWAR	SALA							307	69	3841	
		s first name and middle initial	Last nar										security nu	umber
Home address	(numb	er and street). If you have a P.O. box, see	instruction	ons.					Apt. no.	- 1			ection Cam	
850 GRE						1			2204				ou, or your jointly, war	
, , ,		ice. If you have a foreign address, also co	omplete sp	paces bel	ow.	Sta		ZIP c				•	nd. Checkii	
RICHARDS						TX		750					not change	е
Foreign countr	y name			-oreign pr	rovince/state/	count	:y	Foreig	ın postal c	ode	your tax	or retu		pouse
Filing Status	s 🗵	Single					Head of h	useh	old (HOH	—)				
_		Married filing jointly (even if only o	ne had ii	ncome)					`	,				
Check only one box.		Married filing separately (MFS)		,			☐ Qualifying	surviv	ing spou	use (C	QSS)			
0.10 2011	lf y	you checked the MFS box, enter the	name o	of your sp	oouse. If you	ı che	ecked the HOF	or Q	SS box,	enter	the chi	ld's na	me if the	
	qu	ualifying person is a child but not you	ur depen	dent:										
 Digital	At a	ny time during 2023, did you: (a) rec	eive (as	a reward	d, award, or	payn	ment for prope	rty or	services); or (b) sell,			
Assets		nange, or otherwise dispose of a dig										□ Ye	es 🛛 No	0
Standard	Son	neone can claim: 🗌 You as a de	pendent	t 🗌	Your spous	e as	a dependent							
Deduction		Spouse itemizes on a separate retur	n or you	were a	dual-status	alien	l							
Age/Blindnes	s You	: Were born before January 2, 1	959	Are bli	ind Sp o	ouse	: Was bor	rn befo	ore Janua	ary 2,	1959		s blind	
Dependent	s (see	instructions):		(2) S	Social security	,	(3) Relationsh	nip (4) Check t	he bo	ox if qualifies for (see instruction			tions):
If more		First name Last name			number		to you		Child t	ax cre	redit Credit for		or other depe	ndents
than four									[
dependents,									[
see instruction and check	s								[
here									[
Income	1a	Total amount from Form(s) W-2, b	ox 1 (see	e instruc	tions) .						1a		95,45	56.
Attach Form(s)	b	Household employee wages not re	eported	on Form	(s) W-2 .						1b			
W-2 here. Also	С	Tip income not reported on line 1a	a (see ins	struction	s)						1c			
attach Forms W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1d				
1099-R if tax	е	Taxable dependent care benefits from Form 2441, line 26							1e					
was withheld.	f	Employer-provided adoption bene	fits from	Form 8	839, line 29						1f			
If you did not	g	Wages from Form 8919, line 6 .									1g			
get a Form W-2, see	h	Other earned income (see instruct	,					· ·			1h			0.
instructions.	i	Nontaxable combat pay election (s	see instr	uctions)			<u>1</u> i							
	Z	Add lines 1a through 1h			· · ;						1z		95,45	
Attach Sch. B	2a	Tax-exempt interest	2a				axable interes				2b		35	58.
if required.	3a	Qualified dividends	3a			b 0	rdinary divide	nds .			3b			
Standard	4a	-	4a				axable amoun				4b			
Deduction for—	5a		5a				axable amoun				5b			
Single or Married filing	6a	,				٠ ـ	6b							
separately,	C	If you elect to use the lump-sum election method, check here (see instructions)												
\$13,850 Married filing	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here							7					
jointly or Qualifying	8	Additional income from Schedule	-								8		-17,38	
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7		-							9		78,43	<u> 34.</u>
\$27,700 • Head of	10	Adjustments to income from Sche									10			
household, \$20,800	11	Subtract line 10 from line 9. This is	•	-	_						11		78,43	
If you checked	12	Standard deduction or itemized				-					12		13,85	50.
any box under Standard	13	Qualified business income deduct									13		10.00	
Deduction, see instructions.	14	Add lines 12 and 13									14		13,85	
	7.5	SUDTRACT LING 1/1 from ling 11 It 70	O Or Icco	- Antor	II INC IC V	CALLE 1	TOVODIO IDOOM	10					n/1 h	H /I

Form 1040 (2023	3)								Page Z
Tax and	16	Tax (see instructions). Check	if any from Form	ı(s): 1 881	4 2 🗌 4972	з 🗌		16	9,514.
Credits	17	Amount from Schedule 2, lir	ne 3					17	
	18	Add lines 16 and 17						18	9,514.
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19	
	20	Amount from Schedule 3, lir	ne 8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	9,514.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is	your total tax					24	9,514.
Payments	25	Federal income tax withheld	from:						
_	а	Form(s) W-2				25a 14	1,250		
	b	Form(s) 1099				25b			
	С	Other forms (see instruction	s)			25c			
	d	Add lines 25a through 25c						25d	14,250.
If you have a	26	2023 estimated tax paymen	ts and amount a	pplied from 20	22 return			26	
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)			No .	27			
allacii Scii. Elc.	28	Additional child tax credit from	m Schedule 8812	2		28			
	29	American opportunity credit	from Form 8863	3, line 8 . .		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lir	ne 15			31			
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	ndable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	14,250.
Refund	34	If line 33 is more than line 24	1, subtract line 2	4 from line 33.	This is the amour	nt you overpaid		34	4,736.
	35a	Amount of line 34 you want	refunded to you	յ . If Form 8888	is attached, chec	k here	🗆	35a	4,736.
Direct deposit?	b	Routing number 1 1 1			c Type:	Checking	Savings	3	
See instructions.	d	Account number 8 2 7	9 6 2 3	9 7					
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g						37	
	38	Estimated tax penalty (see in	_	-		38			
Third Party		you want to allow another							
Designee		,	•				omplete	below.	⋉ No
Ü		Designee's Phone						ntification	
		me		no.			ber (PIN)		
Sign		ider penalties of perjury, I declare the lief, they are true, correct, and com			, , ,				,
Here		•	picto. Decidiation		, <i>, ,</i>	sea on an imormati			, ,
	Yo	our signature		Date	Your occupation				nt you an Identity PIN, enter it here
Joint return?					SOFTWARE D	EVELOPER		e inst.)	,
See instructions.		ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occupation	on			nt your spouse an
Keep a copy for your records.						- 1	entity Prot e inst.)	ection PIN, enter it here	
	Ph	one no. (832)781-917	5	Email address	SWETHASINDE	UD@GMAIL.CO	MC		
Paid	Pre	eparer's name	Preparer's signat	ture		Date	PTIN		Check if:
Paid	VENE	KATA SAI PAVAN KUMAR DUDIPALLI	VENKATA SAI	PAVAN KUM	AR DUDIPALLI		P024	70833	Self-employed
Preparer	Fir	m's name GLOBAL TA	XES LLC				Ph	one no.	(678)965-9522
Use Only	Fir	m's address 245 ROONE	Y CT E BRU	NSWICK N	J 08816		Fir	m's EIN	88-2145487

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023
Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

SAI SWETHA SINDHU DWARSALA

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

Your social security number 307-69-3841

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att	ach Schedule E .	5	-17,380.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()		
b	Gambling	8b		
С	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()		
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
ı	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
0	Section 951A(a) inclusion (see instructions)	80		
р	Section 461(I) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
s	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s ()		
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
Z	Other income. List type and amount:			
		8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income. Ente	r here and on Form		
	1040, 1040-SR, or 1040-NR, line 8		10	-17,380.

Page **2** Schedule 1 (Form 1040) 2023

Par	t II Adjustments to Income				
11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee	e-basis	government		
	officials. Attach Form 2106			12	
13	Health savings account deduction. Attach Form 8889			13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903			14	
15	Deductible part of self-employment tax. Attach Schedule SE			15	
16	Self-employed SEP, SIMPLE, and qualified plans			16	
17	Self-employed health insurance deduction			17	
18	Penalty on early withdrawal of savings			18	
19a	Alimony paid			19a	
b	Recipient's SSN	· <u> </u>			
С	Date of original divorce or separation agreement (see instructions):				
20	IRA deduction			20	
21	Student loan interest deduction			21	
22	Reserved for future use			22	
23	Archer MSA deduction			23	
24	Other adjustments:				
а	Jury duty pay (see instructions)	24a			
b	Deductible expenses related to income reported on line 8l from the				
	rental of personal property engaged in for profit	24b			
С	Nontaxable amount of the value of Olympic and Paralympic medals				
	and USOC prize money reported on line 8m	24c			
d	Reforestation amortization and expenses	24d			
е	Repayment of supplemental unemployment benefits under the Trade				
	Act of 1974	24e			
f	Contributions to section 501(c)(18)(D) pension plans	24f			
g	Contributions by certain chaplains to section 403(b) plans	24g			
h	Attorney fees and court costs for actions involving certain unlawful				
	discrimination claims (see instructions)	24h			
i	Attorney fees and court costs you paid in connection with an award				
	from the IRS for information you provided that helped the IRS detect				
_	tax law violations	24i			
j	Housing deduction from Form 2555	24j		_	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form				
	1041)	24k		-	
Z	Other adjustments. List type and amount:				
0 -		24z		0-	
25	Total other adjustments. Add lines 24a through 24z			25	
26	Add lines 11 through 23 and 25. These are your adjustments to income				
	Form 1040, 1040-SR, or 1040-NR, line 10			26	
	BAA	REV 01/	12/24 PRO	Schedu	ile 1 (Form 1040) 2023

SCHEDULE E (Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Your social security number

Department of the Treasury Internal Revenue Service Name(s) shown on return

Go to www.irs.gov/ScheduleE for instructions and the latest information.

Attachment Sequence No. 13

OMB No. 1545-0074

SAI	SWETHA SINDHU DWARSALA						307-69	9-3841	-	
Par	Income or Loss From Rental Real Estate an Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.			C . See	instru	ctions. If you	are an indiv	vidual, rep	oort farm	
Α	Did you make any payments in 2023 that would require you	to file	Form(s) 1	099? 5	See ins	structions.		. \(\tag{Y}\)	es 🗵 No	
	If "Yes," did you or will you file required Form(s) 1099? .									
1a	Physical address of each property (street, city, state, ZII									
Α	SIVANANDHAPURAM, KADAPA ANDHRA PRADES	CH TN	, I 51600	14						
В	SIVANANDIIAFORANI, KADAFA ANDIIKA FRADER	J11 11	V 31000	, <u> </u>						
С										
1b	Type of Property (from list below) 2 For each rental real estate properation above, report the number of fair			Fair Rental Days			Person Da		QJV	
Α	personal use days. Check the Q		r and r			365		0		
В	if you meet the requirements to t			В						
С	qualified joint venture. See instru	uctions	S.	C						
	of Property:		l							
1	Single Family Residence 3 Vacation/Short-Term Ren Multi-Family Residence 4 Commercial	ntal	5 Land 6 Roya			Self-Rental Other (desc	ribe)			
						Propert	ies:			
Incon	ne:			Α		В			С	
3	Rents received	3		5	50.					
4	Royalties received	4								
Expe	nses:									
5	Advertising	5								
6	Auto and travel (see instructions)	6								
7	Cleaning and maintenance	7		1,6	50.					
8	Commissions	8								
9	Insurance	9								
10	Legal and other professional fees	10								
11	Management fees	11		1,1	60.					
12	Mortgage interest paid to banks, etc. (see instructions)	12								
13	Other interest	13								
14	Repairs	14		5,0	10.					
15	Supplies	15		4,9	50.					
16	Taxes	16								
17	Utilities	17		5,1	60.					
18	Depreciation expense or depletion	18								
19	Other (list)	19								
20	Total expenses. Add lines 5 through 19	20		17,9	30.					
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21		-17,3						
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22		17,38		()((
23a	Total of all amounts reported on line 3 for all rental prope				23a	•	550.			
b	Total of all amounts reported on line 4 for all royalty prop				23b					
c	Total of all amounts reported on line 12 for all properties				23c					
d	Total of all amounts reported on line 18 for all properties				23d					
e	Total of all amounts reported on line 20 for all properties				23e	15	7,930.			
24	Income. Add positive amounts shown on line 21. Do not				_55		. 24			
25	Losses. Add royalty losses from line 21 and rental real estat		-		nter to	tal losses he		(17,380.	
	Total rental real estate and royalty income or (loss).								_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
26	here. If Parts II, III, and IV, and line 40 on page 2 do no									
	Schedule 1 (Form 1040), line 5. Otherwise, include this al						26		-17,380.	